

EMERGENCY CONTACT CARD

Fun Zone at McQueen Park Activity Center

PARTICIPANT INFOR	MATION		
Name:			Gender: M F
Address:		City:	Zip:
Birthdate:	Age:	Grade Level:	
PARENT/GUARDIAN	INFORMATION ——		
Parent/Guardian 1:			
			Zip:
Cell Phone:		_ Work Phone:	
Home Phone:		_	
Parent/Guardian 2:			
Address:		City:	Zip:
Cell Phone:		_ Work Phone:	
Home Phone:		_	
IN CASE OF EMERGE	NCY, PLEASE CONTAC	т	
Name:		Name:	
Cell Phone:		Cell Phone:	
Home Phone:		Home Phone:	
Relationship:		Relationship:	
List any physical probler	ns/conditions or allergies	s to food or medications	: known:
List diff project	ns, conditions of unergies	to rood or medications	, Kilowiii

up your child. In this event, you n	ng the date and name of the person	ation, email or a direct phone call to
Alternate Pick-up #1		
Name:		
	City:	
Home Phone:	Cell Phone:	
Alternate Pick-up #2		
Name:		
	City:	
Home Phone:	Cell Phone:	
Alternate Pick-up #3		
Name:		
Address:	City:	Zip:
Home Phone:	Cell Phone:	

Signature: _____ Date _____

In an attempt to ensure the safety of all Fun Zone participants, we will not release a participant to an



ALTERNATE PICK-UPS _____

McQueen Park Activity Center 510 N. Horne St. I Gilbert, AZ 85233 480.503.6294